

Rhinoplasty - Nose Reshaping

What is Rhinoplasty?

Rhinoplasty is also known as a 'nose-job'. It is an operation which changes the shape of the nose to give a more aesthetically balanced appearance or to improve an established deformity. There are a combination of changes which can be made to improve the appearance of the nose which include reshaping the bridge of the nose (usually reducing a hump), refining the tip of the nose, improving the projection of the tip, shortening the nose or narrowing wide nostrils. The aim is to shape the nose so that it is more in keeping with the desired appearance of the patient and also in balance with the proportions of the face.

Rhinoplasty is approximately a 2 hour operation carried out under general anaesthetic and usually an overnight stay in hospital. The shape of the nose is determined by a framework of cartilages and bones. Small cuts are made inside the nostrils and often across the central strut ('columella') to access the framework and reshape it. Tiny access incisions on the sides of the nose are also made in many cases. Occasionally it is also necessary to have a small scar at the base of the nostrils (for nostril narrowing). Once the framework of the nose is accessed, bones and cartilages are carefully trimmed and repositioned in order to create a more favourable profile. Often this involves a controlled fracture of the nasal bones. At the end of the operation, incisions are closed with stitches. A small splint and some tapes will be positioned over the nose and packs are inserted into the nostrils.

It is important to have realistic expectations because, like all operations, there are limitations and risks. Despite a technically sound operation, a small proportion of patients may suffer serious or even dangerous problems or simply find that the outcome was less

physically or psychologically positive than they had expected.

What about the results of Rhinoplasty?

The change in shape of the nose is immediately apparent once the splint and tapes are removed at 1-2 weeks post-operation. Surgical swelling takes several months to completely subside so the final shape is not realised until at least 6 months after operation.

Typically (approx. 85%) of patients will be very pleased with the improved proportions and shape of the nose. There is no such thing as a 'perfect' nose and many different nose shapes are considered to be 'normal' or 'attractive' - the objective is to improve the shape and proportions of the nose but it is impossible to exactly predict or simulate the final appearance and it is impossible to obtain a completely smooth and symmetrical nose in all circumstances.

Bone, cartilage and soft tissue healing is not entirely predictable and this can cause changes in the appearance of the nose shape to develop in the months after surgery despite good early results on the operating table and at splint removal. Approximately 15% of patients will seek further cosmetic adjustments. Occasionally bones can regrow quite soon following rhinoplasty.

It is important to understand that the fee for your operation includes treating and managing of emergencies relating to your operation during the first 12 months (e.g bleeding, infection, wound healing problems) but it does not cover for further treatment of cosmetic or functional issues.

Symmetry and shape - No such thing as perfection.

Almost all people will be able to determine slight differences or irregularities whether or not an operation has been done. These differences may be present both in the bones and cartilages. It is only rarely possible to get the line of the nose to be absolutely straight and symmetrical. It is also often the case that there is an offset between the midline at the bridge of the nose and the midline at the root of the nose or the chin - this can make the nose appear to be off-line when it is really following the line of the facial skeleton.

There is often the misguided expectation that the nose will be millimetre perfect after surgery. Patients tend to scrutinise their nose more closely and critically after an operation than they did pre-surgery and can become hyper-aware of differences and irregularities which would not be readily observed by others during normal social contact. Selfie photographs also lead to unhelpful attention and fixation with the appearance of the nose and these are typically an unrealistic representation of general facial appearance because the overall proportion of the nose is exaggerated, being much closer to the camera lens than the rest of the face.

Overall the objective is improvement of the appearance of the nose by reducing exaggerated features like the prominence of the bridge and tip.

Can Rhinoplasty be done together with other procedures?

Rhinoplasty can be combined with other procedures of the face and body for example, eyelid surgery, botox injections, lip lift, brow lift. It is important to weigh up the potential added risks of prolonged surgery time and if there are any concerns about your general health it may be preferable to do procedures separately.

Does Rhinoplasty require a general anaesthetic or hospitalisation?

Rhinoplasty is usually a 1-night-stay operation carried out under general anaesthetic. When you leave hospital you will not be able to drive yourself home.

How long is a Rhinoplasty operation?

Rhinoplasty takes approximately 2 hours to complete. There is additional time taken up with checking into theatres, commencing anaesthetic and then coming-round so you will probably be in the operating department of the hospital for longer.

How long does it take to recover?

The nostril packs are usually removed before you leave hospital but may be left for a week if extensive internal work is done to the septum or sidewalls of the nose. Some moderate pain is expected for a week or so and this is controlled usually with simple oral painkillers. There will be bruising and swelling of the nose and around the eyes for 2-3 weeks. A lesser degree of swelling persists in the nose, settling slowly during the first year.

Swelling of the nose lining can make it difficult to breathe through the nose during the first couple of weeks and this effect may take many months to settle completely; occasionally patients may find that there is a permanent difference to the way they breathe through the nose. Other symptoms which relate to disturbance and swelling of the nose linings ('mucosa') may include altered sense of smell, dryness or runny-nose. It is unusual for any of these to be severe and typically they would be expected to settle during the first 12 months after operation.

You should have a quiet 2 weeks resting at home after surgery - this helps you to recover and also minimises the chance of catching a cold. You will have a clinic check-up at 1-2 weeks when the splint is removed from the nose. You must be careful to avoid traumatising your nose during the first couple of weeks. Try to avoid blowing your nose or sneezing during this early period. If you feel that the splint is coming loose, you can try to secure it with medical tape or contact the hospital and arrange to see the clinic nurse for help with this.

You can return to normal daily activities after 1 week and gentle sporting activity including swimming after 3 weeks. To minimise risk of traumatising the nose, it is advised to avoid contact, competitive or ball sports for 6 weeks.

What about scars after rhinoplasty?

Most of the surgical scars are hidden inside the nostrils. There will usually be a small scar across the central strut between the nostrils and a small scar on each side of the nose. Scars are usually very subtle once they have had time to mature (approx 6-12 months). They are never invisible but their location is intended to conceal them as much as possible in natural contours and creases. Make-up can be applied over scars once scabs and crusts have separated (approx 2-3 weeks post op).

All scars have the potential to be thick, red or unsightly due to overactive healing ('hypertrophy' or 'keloid') but this is very unusual in the setting of rhinoplasty. Scars can pull or contract unfavourably and this has the potential to cause irregularity.

How long do the results last?

Rhinoplasty gives a lasting change to the shape of your nose. With ageing however, the nose will continue change shape subtly because the tissues around the tip of the nose may become thinner and weaker. Some patients have overactive bone healing or scar tissue formation and this can cause irregularities or some regrowth of the nose bridge to develop within a few years of operation.

Is there an alternative to Rhinoplasty Surgery?

This is surgery for personal choice: There is no 'need' to have a rhinoplasty. Non-surgical Nose Shaping is also available and this technique uses injected dermal fillers to adjust the profile of the nose. This can be advantageous for more minor deformities of the bridge and contour irregularities at the tip. Fillers can also be helpful after rhinoplasty to mask small irregularities.

What are the risks of Rhinoplasty?

It is impossible to eradicate all the risks associated with surgery. This is considered to be safe and routine surgery if performed by a fully qualified and trained Plastic, Cosmetic Surgeon in Hospitals with a high standard of care. The majority of patients have a straightforward recovery and are pleased with the results in the short and the longer term. If you have other medical problems (e.g. heart, breathing or blood clotting conditions) the risks may be increased and it is possible that some patients may not be considered healthy enough to have this operation.

Risks include:

Dangerous or urgent (but rare):

Life threatening or life changing complications from surgery (stroke, pneumonia, heart failure, severe allergy, severe infection, hypoxia, penetration of skull-base, blindness)

Dangerous blood clots ('DVT', 'PE')

Bleeding (approx 1-2%)

Infection (approx 1-2%)

Denervation or devitalisation of teeth (rare)

Unpredictable bone/cartilage/soft tissue healing (range of outcomes from severe - e.g. collapse of nose to mild - e.g. being able to feel but not see slight irregularities underneath skin)

Regrowth of bone

Other problems - usually temporary

Loss or altered sense of smell - very rarely this can be permanent

Loss of sensation in skin of nose - typically improves over 12 months

Swelling and bruising of the eyes ('black-eyes' - takes 2-3 weeks to settle)

Swelling, bruising, pain

Scar healing abnormality: 'hypertrophy'; 'keloid'

Minor wound infection or stitch problem

Allergy to dressings / antiseptics / stitches

May affect cosmetic result - may develop in longer term - may lead to further investigations or surgery - may not be covered by the cost of your rhinoplasty operation.

Asymmetry (mild asymmetry is quite common - often pre-existant)

Failure to meet expectations (approx 15%)

Problem with nose breathing (common initially as swelling settles; 10% long term)

Development or worsening of psychological / psychiatric problems associated with body image (unusual)

Scar tightness around / inside nostrils (unusual - could lead to asymmetry or nose-breathing disturbance)

Fragmentation of nasal bone or cartilage during operation (unusual - could lead to asymmetry)

Disturbance of lacrimal system (rare)

Long term pain; neuroma (rare)

Altered skin colour - reddish / broken veins - usually settles; can be covered with make-up (rare)

Smoking and Vaping

These may add some risk to all operations because they make general anaesthetic less safe, and they reduce the body's ability to combat infection and heal wounds . You must cease smoking / vaping for 6 weeks before and a further month after operation.

Travel and other commitments before and after surgery?

Surgery and Long-haul air travel each carry some risk for blood clots ('DVT' or 'PE') so it is inadvisable to travel long-haul for 6 weeks each side of your operation.

You usually are required to attend the hospital 2-3 weeks before operation for pre-op health checks and tests so you should check on the likely dates for these if you are planning to be away immediately prior to your intended operation date.

Whilst this is routine surgery, problems can occur and these could be disruptive if further hospital visits or treatment become necessary. Travel plans, work and other important commitments (e.g. weddings) could be disrupted with loss or expense incurred if you develop a problem (e.g. infection, wound failure, excessive pain or swelling) in the weeks that follow surgery or if a problem were to emerge or whilst you are abroad. The longer you can leave between surgery and travel / commitments the better. If you reach 6 weeks post-op without problem, it is most unlikely that you would run into difficulties. For very important commitments, it is preferable to plan for several months gap after operation.

No responsibility can be accepted for expenses or losses relating to missed employment, transactions or events, curtailed travel or holiday plans, travel to receive medical care, care received at other hospitals in UK or overseas.

Swimming is not advised until scabs and stitches have separated (usually by 3 weeks).

What appointments will I have after operation?

Usually you will have a nurse appointment scheduled approximately 1 week after operation and appointments with Mr Harley approximately 2 weeks, 3 months and 1 year post op. If you have any queries or difficulties you can be seen at other times by hospital duty staff and/or Mr Harley. There are no additional charges for clinic calls or visits during the first year after operation.

You should contact the hospital directly if you have an emergency or urgent problem as there are duty doctors and nurses available at all times. If it is less urgent, please contact Mr Harley's office.